



North Carolina Department of Health and Human Services
Division of Medical Assistance - Provider Services
2501 Mail Service Center Raleigh NC 27699-2501

Dear Applicant,

Thank you for your interest in becoming a Carolina ACCESS Primary Care Provider (PCP) with the NC Medicaid Program. In order for us to complete the enrollment process, please submit the following:

- Carolina ACCESS Application for Participation as a Primary Care Provider
- Carolina ACCESS Agreement for Participation as a Primary Care Provider
- Provider Confidential Information and Security Agreement (optional)
- Carolina ACCESS Hospital Admitting Agreement/Formal Arrangement (if applicable)
- Agreement Between Primary Care Provider And Health Department To Provide Health Check Services To Carolina Access Patients (if applicable)

The enrollment process includes the following steps:

1. Provider completes and signs the enrollment packet and returns to:
DMA Provider Services
Attn: Carolina ACCESS Provider Enrollment Specialist
2501 Mail Service Center
Raleigh, NC 27699-2501
2. Signature must be original. White out and alterations are not accepted. Please do not highlight any information on the enrollment packet.
3. If the packet is not completed properly, DMA will return the packet for correction or for additional information.
4. If the provider meets all qualifications, DMA sends the provider a letter with the provider number and a copy of the signed Medicaid Participation Agreement.
5. The provider may begin billing upon receipt of the provider number and provider agreement.

Billing information and medical coverage policies are available on DMA's website at
<http://www.dhhs.state.nc.us/dma/prov.htm>.

If you need to report changes to information provided in this application, please use the Medicaid Provider Change Form, which is available on the DMA's web site <http://www.dhhs.state.nc.us/forms.html>

Thank you again for your interest, if you have any questions or need additional information, please feel free to contact your Carolina ACCESS Provider Enrollment Specialist at 1-919-855-4050.

For CA Office Use Only

MCC: _____ EIS: _____ Access/MMIS: _____ Letter sent: _____ County: _____

**North Carolina Department of Health and Human Services
Division of Medical Assistance - Provider Services - 919-855-4050
<http://www.ncdhhs.gov/dma/>**

Carolina ACCESS Application for Participation- Primary Care Provider

Is this application being sent to replace an existing Carolina ACCESS (CA)
Application/Agreement? () Yes () No

Has this practice or any participating primary care provider in this practice (listed on page 2 of
this application) been sanctioned or terminated by either the Medicaid Program or the Carolina
ACCESS Program? () Yes () No

N.C. Medicaid Provider Number*: _____

*will become your CA provider number upon approval

Practice Name: _____

Site Address: _____

Street

City & State Zip Code + Four (Last 4 digits required)

County: _____

Payment/Mailing Address: _____

Street or Post Office Box

City & State Zip Code + Four (Last 4 digits required)

Telephone Number: (_____) _____

After-Hours Phone Number: (_____) _____

Fax Number: (_____) _____

Email Address: _____

Identify a contact person for Carolina ACCESS issues:

Name: _____ Title: _____

REQUIRED EFFECTIVE 1/1/2007

*National Provider Identifier (NPI):

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***YOU MUST ATTACH A COPY OF YOUR NATIONAL PLAN AND PROVIDER ENUMERATION SYSTEM (NPES) CERTIFICATION LETTER.**

Taxonomy:

									X
									X
									X

Practice Specialty: _____

Is this practice a Rural Health Clinic? () Yes () No

Is the practice a Health Department? () Yes () No

Is the practice a Federally Qualified Health Center? () Yes () No

Indicate the desired maximum number of CA enrollees to be enrolled with this CA provider number: _____

Note: Upper limit is 2000 enrollees per participating provider listed on this application.

List any specific enrollment restrictions such as age and gender: _____

Are new Medicaid patients accepted? () Yes () No

Is Medicare accepted? () Yes () No

List all contiguous counties from which this practice will accept CA enrollees: _____

List all Primary Care Providers (PCPs) in this practice applying for Carolina ACCESS (CA) participation at this time using the Medicaid provider number indicated in Page 2.

Full Names of PCPs to be listed with this CA Practice	Title (e.g. MD, FNP, PA) (Required)	Licensed Specialty (Required)	License Number (Required)	Individual Medicaid Provider Number (Required for Physicians)

Which providers listed above provide inpatient hospital care at a hospital participating with the NC Medicaid Program that is within thirty (30) miles or forty-five (45) minutes drive time from the practice?

Provider's Name (s)	Name and location of hospital(s)	Ages Admitted

If none of the participating PCPs included on this application provides inpatient hospital care, or if the ages of all potential Carolina ACCESS enrollees are not addressed by the "ages admitted" in the above chart, then complete the attached Carolina ACCESS Hospital Admitting Agreement form and submit the document containing the original signatures with this Application for Participation.

List Office Hours (i.e., Mon 8 a.m.-5 p.m., Tues 9 a.m.-1 p.m., Wed 8 a.m.-5 p.m., etc.):

Total number of hours that a provider is available to see patients at this location: _____

Note: 30 hours per week is the minimum requirement.

Indicate after-hours coverage (check all that apply):

Note: The practice shall not refer automatically to the Emergency Department (ED), nor shall calls to the hospital switchboard be referred directly to the ED.

- ☐ Answering Service
- ☐ Answering machine that gives the number of the provider to call
- ☐ Hospital operator who pages on-call provider
- ☐ Call forward or stay-on-line transferring
- ☐ Nurse Triage Service
- ☐ Other (please describe): _____

Indicate all interpretation services available.

- ☐ Oral Interpretation Services (Required for all non-English languages)
- ☐ TDD/TTY
- ☐ Sign Language
- ☐ Braille
- ☐ Other (please describe): _____

Indicate all preventive and ancillary services available to patients within the practice and without referral:

Note: To qualify, samples/specimens must be collected on-site, but may be sent out for testing.

Check all that qualify.

- | | |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Adult Preventive Annual Health Assessment Services |
| <input type="checkbox"/> Hemoglobin | <input type="checkbox"/> Cervical Cancer Screening |
| <input type="checkbox"/> Hematocrit | <input type="checkbox"/> Tetanus Vaccine (Td) |
|
 | |
| <input type="checkbox"/> Health Check Screening Exam | <input type="checkbox"/> Tuberculin (TB) Testing (via PPD intradermal injection/Mantoux method) |
| <input type="checkbox"/> Standardized Written Developmental Screening (e.g. Ages and Stages, PEDS) | <input type="checkbox"/> Influenza Vaccine |
| <input type="checkbox"/> Hearing Assessment (using electronic equipment, e.g. audiometer) | <input type="checkbox"/> Pneumococcal Vaccine (PCV) |
| <input type="checkbox"/> Vision Assessment (e.g., Snellen Chart) |
 |
| <input type="checkbox"/> Blood Lead Screening | <input type="checkbox"/> Haemophilus Influenzae Type b Vaccine (Hib) |
| <input type="checkbox"/> Hepatitis B Vaccine | <input type="checkbox"/> Inactivated Polio Vaccine (IPV) |
| <input type="checkbox"/> Diphtheria, Tetanus, Pertussis Vaccine (DTaP) | <input type="checkbox"/> Measles, Mumps, Rubella Vaccine (MMR) |
| | <input type="checkbox"/> Varicella Vaccine |

****UNSIGNED APPLICATION WILL NOT BE PROCESSED****

I am applying to participate as a primary care provider in the Carolina ACCESS program sponsored by the Department of Health and Human Services, Division of Medical Assistance.

Signature of Applicant or Authorized Agent

Date

Printed Name and Title

For DMA Office Use Only

Effective Date: _____

DMA Authorized Signature: _____ Date: _____

Admin Entity: _____

Additional Taxonomy:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X